



# Kentucky Thoroughbred Breeders' Incentive Fund Application for Award

*\* Qualifying Races and Total Awards Earned are Located on the Back of this Form\**

## To Claim Your Award Check:

Please print clearly and submit completed form by mail, fax, or email to:

### KENTUCKY HORSE RACING COMMISSION

4063 Iron Works Pkwy, Bldg. B | Lexington, Kentucky 40511  
Ph: 859-246-2887 | Fax: (859) 246-2887 | Email: kbif.khrc@ky.gov

**Deadline to Claim Award: December 31<sup>st</sup>**

**Award Check Will Be Made Payable to the Breeder of Record According to The Jockey Club**

**Breeder Name(s) or Entities CANNOT be CHANGED or REMOVED**

## KBIF Award Winner:

Social Security or US Tax ID No. \_\_\_\_\_  
**Required** to receive an Award Check

Street \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

**AFFIDAVIT BY BREEDER OR THE AUTHORIZED AGENT.** I hereby certify that the information contained in this application is accurate and complete, and I understand that any material misrepresentation or omission in this application may subject me to all applicable penalties under KRS Chapter 230, KAR Title 810, and any other applicable penalty available under Kentucky law. I hereby certify that each horse submitted on the back of this form is eligible for an award from the KBIF, that I am a breeder of record according to The Jockey Club, and that I am entitled to the award. I understand that failure to meet any requirement contained in 810 KAR 7:020 may subject me to the penalties contained therein and other applicable penalties provided by Kentucky statute or regulation. I agree to promptly provide any additional information requested by the commission relating to the registration or the registration(s) may be denied or revoked. If submitted by an authorized agent, then the agent, as well as the breeder, may be subject to all appropriate penalties. All filings are subject to audit by the commission and filing fees are non-refundable.

\_\_\_\_\_  
**Qualified Breeder or Authorized Agent (Print Name)**  
If by agent, Authorized Agent Form Must be on file with the KHRC

\_\_\_\_\_  
(Signature)